

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # L04000045383

1. Entity Name
SUGGS FAMILY, LLC



Principal Place of Business

**11998 NW SUGGS ATTAWAY ROAD
CLARKSVILLE, FL 32430**

Mailing Address

**11998 NW SUGGS ATTAWAY ROAD
CLARKSVILLE, FL 23430**



03232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1472479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUGGS, JIMMY C
11998 NW SUGGS ATTAWAY ROAD
CLARKSVILLE, FL 23430**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PEDDIE, C. PATRICIA
3007 N.W. 58TH BLVD.
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SUGGS, JIMMY C
11998 NW SUGGS ATTAWAY ROAD
CLARKSVILLE, FL 23430**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000680850
04/04/07-80020-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stat., indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Stat.

SIGNATURE:

Jimmy C. Suggs *Jimmy C. Suggs* 3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE